Fax

Date

42,553

405-440-2465

16/30/2008

405-812-5613

Registration No. (Attorney/Agent)

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Under the Paperwork Reduction Act of 1995, no persons are required to res					Docket No.	KMB2003-001					
UTILITY PATENT APPLICATION				First Inve	entor	Kerry M. Bates					
TRANSMITTAL						Unipolar Biomagnetic Therapy Appliance					
(Only for ne	w nonprovisional applica	tions under 37 CFR 1.53(b))	Express Mail Label No.			EU982815698US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					ESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450					
Size and its distribution in the most in the second in the					7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement						
For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.											
19. CORRESPONDENCE ADDRESS											
Customer Number: 23433 OR X Correspondence address below						ress below					
Name	Robert H. F	rantz, 42,553									
Address	P.O Box 233	24									
City	Oklahoma Ci	tv		State	OK		Zip Code	73123			

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032

2003

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<b>FEE TRANSMITTAL</b>	Complete if Known			
ILL INAMOMITTAL	Application Number	_		
for FY 2004	Filing Date			
iffective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	Kerry M. Bates		
	Examiner Name		_	
plicant claims small entity status. See 37 CFR 1.27				

TOTAL AMOUNT OF PAYMENT (\$) 385				Attorr	ney Do	cket N	10.	KMB20	03-001			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
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2. EXTRA CLAIM				1453	1,330	2453	665	Petition to revi	ive - unintentional	ı		
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SUBMITTED BY					egistrat	ion No	T		(Complete (if ap	plicable))		
Name (Print/Type) Robert H. Franks				ttomev//		4	42,553	Telephone	405-812	-5613		

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